

ESTATE OF JOHNNIE M. BUCHANAN,
 GRANTOR

TO

BILLY FLOYD MAXWELL and wife,
 LINDA F. MAXWELL,
 GRANTEES

WARRANTY

DEED

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **BRIAN BUCNANAN, EXECUTOR**, does hereby sell, convey, and warrant unto **BILLY FLOYD MAXWELL and wife, LINDA F. MAXWELL**, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

Lot 1726, SECTION "G", SOUTHAVEN WEST SUBDIVISION, in Section 22, Township 1 South, Range 8 West, as shown by the plat recorded in Plat Book 3, Pages 31 and 32, in the office of the Chancery Clerk of DeSoto County, Mississippi.

This being the same property conveyed to the Grantor herein by Warranty Deed of record in Book 159, Page 339, in the Chancery Clerk's Office of DeSoto County, Mississippi.

By way of further explanation, Eleanor G. Wade married Johnnie Buchanan on March 17, 1989, becoming Eleanor G. Buchanan. Mrs. Buchanan passed away on June 13, 1998 leaving Johnnie Buchanan sole owner of subject property, by way of title being vested as joint tenants with full rights of survivorship. Johnnie Buchanan passed away on 3-2-00. Brian Buchanan, as Executor of the estate signs this Warranty Deed after having so been authorized to do so under Cause # 00-3-499B, in the Chancery Court of DeSoto County, MS.

This conveyance is made subject to all applicable building restrictions, restrictive covenants, and easements of record.

Taxes for the year 2000 have been prorated between Grantor and Grantee and Grantee shall be responsible for payment of said taxes on due date.

WITNESS OUR SIGNATURE, this the 4th day of August, 2000.

STATE MS.-DESOTO CO.
 FILED

Brian Buchanan, Executor
 Brian Buchanan, Executor

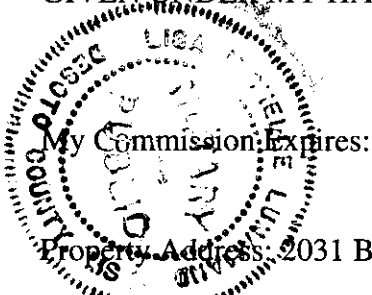
AUG 22 2 35 PM '00

STATE OF MISSISSIPPI;
 COUNTY OF DESOTO;

BK 378 PG 84
 W.F. CLK.

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, within named: Brian Buchanan, Executor, who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 4th DAY OF AUGUST, 2000.



Linda M. Lunamand
 NOTARY PUBLIC

Notary Public State of Mississippi At Large
 My Commission Expires: March 9, 2002
 Bonded Thru Helden, Brooks & Garland, Inc.

Property Address: 2031 Brookhaven Drive, Southaven, MS 38671

GRANTOR'S ADDRESS
2031 Brookhaven Dr.
Southaven, MS 38671
280-1641 280-1641
 HM PHONE WK PHONE

GRANTEE'S ADDRESS
4105 Redwood Drive
Olive Branch, MS 38654
349-8899 349-0039
 HM PHONE WK PHONE

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATHSTATE FILE
NUMBER

001712

1. DECEDENT'S NAME (First, Middle, Last) Johnnie M. Buchanan				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) March 2, 2000	
4. SOCIAL SECURITY NUMBER (of Decedent) 413-70-4368				5. AGE (Last Birthday) (Years) 57		6. DATE OF BIRTH (Month, Day, Year) DEC. 1, 1942	
7. BIRTHPLACE (City and State or Foreign Country) CARROLLTON, MS.				8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9. CITY, TOWN, OR LOCATION OF DEATH Memphis, TN				10. COUNTY OF DEATH Shelby			
11. SURVIVING SPOUSE (If wife, give maiden name) WIDOWED				12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) NONE			
13a. RESIDENCE-STATE MS				13b. COUNTY DESO TO			
13c. CITY, TOWN OR LOCATION SOUTHAVEN				13d. STREET AND NUMBER OR RURAL LOCATION 2031 BROOKHAVEN DRIVE			
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No; if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				15. RACE-American Indian, Black, White, etc. (Specify) WHITE			
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)				17. DECEDENT'S MOTHER'S NAME (First, Middle, Maiden Surname) LOU ANNA HUFFMAN			
18. FATHER'S NAME (First, Middle, Last) WILLIE DEVIN BUCHANAN				19. MOTHER'S NAME (First, Middle, Maiden Surname) LOU ANNA HUFFMAN			
20. INFORMANT'S NAME (Type/Print) BRIAN BUCHANAN				21. RELATIONSHIP TO DECEASED SON			
22. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) TWIN OAKS MEMORIAL GARDENS			
24. SIGNATURE OF FUNERAL DIRECTOR JOSEPH M. PEEPLES				25. LICENSE NUMBER OF FUNERAL DIRECTOR FS-881			
26. NAME AND ADDRESS OF FUNERAL HOME Twin Oaks Memorial Gardens 200 Goodman Rd, East Southaven, MS 38671				27. SIGNATURE OF EMBALMER JOSEPH M. PEEPLES			
28. LICENSE NUMBER OF FUNERAL HOME FS-881				29. LICENSE NUMBER OF EMBALMER FS-881			
30. REGISTRAR'S SIGNATURE Shade Starks				31. DATE FILED (Month, Day, Year) MARCH 9, 2000			
32. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Ellen Whittrack, MD				33. LICENSE NUMBER MD 10572			
34. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				35. DATE SIGNED (Month, Day, Year) 03/07/00			
36. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Ellen Whittrack, MD VA Health 1030 Jefferson, Mem 38104				37. DATE SIGNED (Month, Day, Year)			
38. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) -> a. malignant melanoma				39. APPROXIMATE Interval Between Onset and Death			
39. b. DUE TO (OR AS A CONSEQUENCE OF):							
39. c. DUE TO (OR AS A CONSEQUENCE OF):							
39. d. DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				40. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide				42. DATE OF INJURY (Month, Day, Year)			
43. TIME OF INJURY M				44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
45. PLACE OF INJURY-at home, farm, street, factory, office building, etc. (Specify)				46. DESCRIBE HOW INJURY OCCURRED			
47. LOCATION (Street and Number or Rural Route Number, City or Town, State)				48. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

BIRTH NO.

BK0378PG0086

PE. PRINT
IN
IMMEDIATE
ACK INK
FOR
RUCTIONS
HANDBOOK

10
TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

ELEANOR G. BUCHANAN

2. SEX

FEMALE

3. DATE OF DEATH (Month, Day, Year)

JUNE 3, 1998

4. SOCIAL SECURITY NUMBER

338-34-5782

5a. AGE - LAST BIRTHDAY (years)

57

5b. UNDER 1 YEAR

MONTHS

DAYS

5c. UNDER 1 DAY

HOURS

MIN

6. DATE OF BIRTH (Month, Day, Year)

MARCH 23, 1941

7. BIRTHPLACE (City and State or Foreign Country)

WASHINGTON, DC

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?

Yes ☐ No ☒

9a. PLACE OF DEATH (Check only one)

HOSPITAL

1 ☒ Inpatient2 ☐ ER/Outpatient3 ☐ DOA4 ☐ Nursing Home5 ☐ Residence6 ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)

METHODIST CENTRAL HOSPITAL

9c. CITY, TOWN, OR LOCATION OF DEATH

MEMPHIS

9d. COUNTY OF DEATH

SHELBY

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)

MARRIED

11. SURVIVING SPOUSE (If wife, give maiden name)

JOHNNY BUCHANAN

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

TEACHER

12b. KIND OF BUSINESS/INDUSTRY

S & W CHILD CARE

13a. RESIDENCE - STATE

MS

13b. COUNTY

DESOTO

13c. CITY, TOWN OR LOCATION

SOUTHAVEN

13d. STREET AND NUMBER OR RURAL LOCATION

2031 BROOKHAVEN

13e. INSIDE CITY LIMITS?

1 ☒ Yes2 ☐ No

13f. ZIP CODE

38671

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

Yes ☐ No ☒

15. RACE - American Indian, Black, White, etc. (Specify)

WHITE

16. DECEDENT'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12) College (1-4 or 5+)

10

17. FATHER'S NAME (First, Middle, Last)

HARRY GUICE

18. MOTHER'S NAME (First, Middle, Maiden Surname)

EMILY McHUGH

19a. INFORMANT'S NAME (Type, Print)

DALE ASHBURN

19b. RELATIONSHIP TO DECEASED

NEICE

19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

2031 BROOKHAVEN, SOUTHAVEN, MS 38671

20a. METHOD OF DISPOSITION

1 ☒ Burial2 ☐ Cremation3 ☐ Removal from State4 ☐ Donation5 ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

FOREST HILL SOUTH CEMETERY

20c. LOCATION - City or Town, State

MEMPHIS, TN

21a. SIGNATURE OF FUNERAL DIRECTOR

PAUL MEEKS

21b. LICENSE NUMBER OF FUNERAL DIRECTOR

4736

21c. SIGNATURE OF EMBALMER

WES KIRKPATRICK

21d. LICENSE NUMBER OF EMBALMER

4939

22a. NAME AND ADDRESS OF FUNERAL HOME

FOREST HILL FUNERAL HOME SOUTH
2545 E. HOLMES RD. MEMPHIS, TN 38118

22b. LICENSE NUMBER OF FUNERAL HOME

920

23. REGISTRAR'S SIGNATURE

[Signature]

24. DATE FILED (Month, Day, Year)

JUN 23 1998

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

1 ☐ SIGNATURE AND TITLE OF PHYSICIAN

25b. LICENSE NUMBER

026582

25c. DATE SIGNED (Month, Day, Year)

6/11/98

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER

26b. LICENSE NUMBER

26c. DATE SIGNED (Month, Day, Year)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type, Print)

DR. FURHAN YUNIS 1211 UNION AVE #810 MEMPHIS, TN 38104

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardiopulmonary failure

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d. DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d. DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. WAS AN AUTOPSY PERFORMED?

1 ☐ Yes 2 ☐ No

29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 ☐ Yes 2 ☐ No

30. MANNER OF DEATH

1 ☐ Natural2 ☐ Accident3 ☐ Suicide4 ☐ Homicide5 ☐ Pending investigation6 ☐ Could not be determined

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

M

31c. INJURY AT WORK?

1 ☐ Yes2 ☐ No

31d. DESCRIBE HOW INJURY OCCURRED

31a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)